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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number

09/786,328

Filing Date

03/02/2001

First Named Inventor

Konstantinos POULAKIS

Art Unit

1733

Examiner Name

J.L. Goff

Attorney Docket Number

41172

### ENCLOSURES (Check all that apply)

- |  |   |  |
|--|---|--|
| <p><input checked="" type="checkbox"/> Fee Transmittal Form</p> <p><input checked="" type="checkbox"/> Fee Attached</p> <p><input checked="" type="checkbox"/> Amendment/Reply</p> <p><input checked="" type="checkbox"/> After Final</p> <p><input type="checkbox"/> Affidavits/declaration(s)</p> <p><input checked="" type="checkbox"/> Extension of Time Request</p> <p><input type="checkbox"/> Express Abandonment Request</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application</p> <p><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53</p> | <p><input type="checkbox"/> Drawing(s)</p> <p><input type="checkbox"/> Licensing-related Papers</p> <p><input type="checkbox"/> Petition</p> <p><input type="checkbox"/> Petition to Convert to a Provisional Application</p> <p><input type="checkbox"/> Power of Attorney, Revocation</p> <p><input type="checkbox"/> Change of Correspondence Address</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Request for Refund</p> <p><input type="checkbox"/> CD, Number of CD(s) _____</p> <p><input type="checkbox"/> Landscape Table on CD</p> | <p><input type="checkbox"/> After Allowance Communication to TC</p> <p><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</p> <p><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</p> <p><input type="checkbox"/> Proprietary Information</p> <p><input type="checkbox"/> Status Letter</p> <p><input type="checkbox"/> Other Enclosure(s) (please identify below):</p> |
|--|---|--|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Roylance, Abrams, Berdo & Goodman, L.L.P. (Customer No. 001609)		
Signature			
Printed name	Mark S. Bicks		
Date	11-29-2004	Reg. No.	28,770

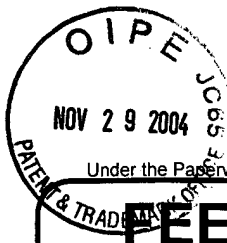
### CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name		Date	

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NOV 29 2004

PTO/SB/17 (10-04v2)

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

**Complete if Known**

Application Number	09/786,328
Filing Date	03-02-2001
First Named Inventor	Konstantinos POULAKIS
Examiner Name	J.L.Goff
Art Unit	1733
Attorney Docket No.	41172

**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:Deposit  
Account  
Number  
Deposit  
Account  
Name

18-2220

Roylance, Abrams et al.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	
Independent Claims	-3** =	X	
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION** (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	110.00
1252 430	2252 215	Extension for reply within second month	
1253 980	2253 490	Extension for reply within third month	
1254 1,530	2254 765	Extension for reply within fourth month	
1255 2,080	2255 1,040	Extension for reply within fifth month	
1401 340	2401 170	Notice of Appeal	340.00
1402 340	2402 170	Filing a brief in support of an appeal	
1403 300	2403 150	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,370	2453 685	Petition to revive - unintentional	
1501 1,370	2501 685	Utility issue fee (or reissue)	
1502 490	2502 245	Design issue fee	
1503 660	2503 330	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 450.00)

**SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Mark S. Bicks	Registration No. (Attorney/Agent)	28,770	Telephone	(202) 659-9076
Signature		Date	11-29-2004		

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